No. 2
4-13-40
5-17-39
PI X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27190

State File No.

Registration District No. ____ Primary Registration District No. 2000 Registrar's No. 594

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39 2 6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township) Cities
(c) Name of hospital or institution: 1217 Texas Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 1217 Texas Ave. (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Reeves.
3. (b) If veteran, name war Unknown
3. (c) Social Security No. 500-05-069

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced 2 Widower
6. (b) Name of husband or wife Unknown. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Unknown (Month) Unknown (Day) Unknown (Year)

8. AGE: Years	Months	Days	If less than one day
Approx. 65			hr. ____ min.

9. Birthplace Indian Territory Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business Hotel
MOTHER FATHER
12. Name Bass Reeves
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ellen Eslinger
(b) Address 1217 Texas Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director W. P. Campbell
(b) Address 867 Washington Ave
19. (a) Aug 12, 1942 (Date received by local registrar) (b) E. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10th year 1942 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from March 28th, 1942, to Aug. 10th, 1942, that I last saw him alive on Aug. 8th, 1942, and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death Pulmonary Edema	
Due to Chr. myocarditis	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatic Resection April 1942	

Major findings:
Of operations N/D
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. E. Jenkins (M. D. or other) M.D.
Address 305½ Jeffy St. Springfield, Mo. Date signed 8-12-42

484 (Licensed Embalmer's Statement on Reverse Side) IX

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

N. P. Campbell, Registered Apprentice No.

working under my personal supervision.

Signed N. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.